

**SUMMARY OF CAMPAIGN CONTRIBUTIONS AND EXPENSES**  
**2000 PRIMARY AND GENERAL ELECTIONS**

State of Nevada

Jonnie Pullman WCD Trustee D  
Candidate's Name(print) Office District (if applicable)  
1755 Circle Dr Reno, NV 89509 780.6432  
Mailing Address (include city and zip code) Telephone Number

**REPORT NUMBER 3 - DUE JANUARY 15, 2001**

Report Period **Begins:** October 26, 2000

Report Period **Ends:** January 5, 2001

**CONTRIBUTIONS SUMMARY**

1. From Report Numbers 1 and 2, total amount of contributions in excess of \$100	<u>\$450 -</u>
2. From Report Numbers 1 and 2, total amount of contributions of \$100 or less	<u>525 (540)</u>
3. Report Number 3, total amount of contributions in excess of \$100	<u>0</u>
4. Report Number 3, total amount of contributions of \$100 or less	<u>0</u>
From Report Numbers 1, 2, and 3, actual number of contributions of \$100 or less <u>11</u>	
6. Interest and income earned, if any, during this report period	<u>1.65</u>
7. <b>TOTAL AMOUNT OF ALL CONTRIBUTIONS</b> (add lines 1 through 6)	<u>1031.65</u>

**EXPENSES SUMMARY**

8. From Report Numbers 1 and 2, total amount of expenses in excess of \$100	<u>0</u>
9. From Report Numbers 1 and 2, total amount of expenses of \$100 or less	<u>1140 -</u>
10. Report Number 3, total amount of expenses in excess of \$100	<u>0</u>
11. Report Number 3, total amount of expenses of \$100 or less	<u>0</u>
12. <b>TOTAL AMOUNT OF ALL EXPENSES</b> (add lines 7 through 11)	<u>\$1140</u>

**If no contributions or expenses are listed during this Report Period, only this page of the report needs to be filed with your filing officer.**

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 1/16/00  
Date

Jonnie Pullman  
Signature of Candidate



### REPORT PERIOD Number 3

District (if applicable)

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JONNIE PULLMAN WUSD TRUSTEE  
Candidate's Name (print) Office

D  
District (if applicable)

## Expenses Categories

CATEGORIES	CODE	TOTALS
Office expenses	A	
Expenses related to volunteers	B	
Expenses related to travel	C	
Expenses related to advertising	D	
Expenses related to paid staff	E	
Expenses related to consultants	F	
Expenses related to polling	G	
Expenses related to special events	H	
Goods and services provided in kind for which money would otherwise have been paid	I	
Other miscellaneous expenses	J	

Candidate's Name (print)

Office

District (if applicable)

## Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE(S) OF EACH EXPENSE	AMOUNT(S) OF EACH EXPENSE

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